



**State of New Jersey**  
 DEPARTMENT OF LAW AND PUBLIC SAFETY  
 DIVISION OF CONSUMER AFFAIRS  
 NEW JERSEY BOARD OF NURSING  
 124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45010  
 NEWARK, NEW JERSEY 07101  
 (973) 504-6508

## License Verification Request

**Directions:** Complete only the top portion of this license verification form and forward it to the Board of Nursing in the state(s) in which you are or have been licensed. The board(s) should complete the form and return it to the New Jersey Board of Nursing. Note: Be advised that the board(s) completing the form may charge a fee for license verification. Please call the board(s) to check on fees for license verification prior to submitting this form.

☐ Registered Nurse

☐ Licensed Practical Nurse

Name: \_\_\_\_\_  
First name Middle name Last name Maiden name, if applicable

Name on original license: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
(include area code)

Current address: \_\_\_\_\_  
Street City State ZIP

School of nursing: \_\_\_\_\_ Location: \_\_\_\_\_

Year of graduation: \_\_\_\_\_ License number: \_\_\_\_\_ Year issued: \_\_\_\_\_

***This section is to be completed by the State Board of Nursing.***

1. License registration number: \_\_\_\_\_ Date: \_\_\_\_\_

2. Did the applicant graduate from a board accredited or approved school of nursing? ☐ YES ☐ NO

3. State Board examination scores: (If the exams were taken prior to 1949, please list the subjects and scores.)

	Score	Series		Score	Series
Medical nursing	_____	_____	Surgical nursing	_____	_____
Nursing of children	_____	_____	Obstetric nursing	_____	_____
Psychiatric nursing	_____	_____	N.C.L.E.X.	_____	_____

4. Was license issued by:

State Board test pool exams? ☐ YES ☐ NO Score \_\_\_\_\_ Series \_\_\_\_\_  
 N.C.L.E.X.? ☐ YES ☐ NO Score \_\_\_\_\_ Series \_\_\_\_\_  
 Waiver? ☐ YES ☐ NO Date \_\_\_\_\_

5. Has this license ever been revoked, suspended or voluntarily surrendered? ☐ YES ☐ NO  
 If "YES," please provide a description of the charge(s) and any action(s) taken and provide a copy of any complaint, order and voluntary surrender document.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Official  
 Seal***

I certify that the statements contained herein are true to the best of my belief,  
 and I recommend this nurse for licensure in the State of New Jersey.

Secretary \_\_\_\_\_

State \_\_\_\_\_

Date \_\_\_\_\_

## In the United States

Alabama	(334) 242-4060
Alaska	(907) 269-8161
Arizona	(602) 331-8111
Arkansas	(501) 686-2700
California RN	(916) 322-3350
California PN	(916) 263-7800
Colorado	(303) 894-2430
Connecticut	(860) 509-7624
Delaware	(302) 739-4522
Washington DC	(202) 442-4380
Florida	(904) 858-6940
Georgia RN	(912) 207-1640
Georgia PN	(912) 207-1640
Hawaii	(808) 586-3000
Idaho	(208) 334-3110
Illinois	(312) 814-2715
Indiana	(317) 232-2960
Iowa	(515) 281-3255
Kansas	(785) 296-4929
Kentucky	(502) 329-7000
Louisiana RN	(504) 838-5332
Louisiana PN	(504) 838-5791
Maine	(207) 287-1133
Maryland	(410) 585-1900
Massachusetts	(617) 727-9961
Michigan	(517) 373-9102
Minnesota	(612) 617-2270
Mississippi	(480) 987-4188
Missouri	(573) 751-0681
Montana	(406) 444-2071

Nebraska	(402) 471-4376
Nevada	(775) 688-2620
New Hampshire	(603) 271-2323
New Jersey	(973) 504-6430
New Mexico	(505) 841-8340
New York	(518) 474-3843
North Carolina	(919) 782-3211
North Dakota	(701) 328-9777
Ohio	(614) 466-3947
Oklahoma	(405) 962-1800
Oregon	(503) 731-4745
Pennsylvania	(717) 783-7142
Rhode Island	(401) 222-2827
South Carolina	(803) 896-4550
South Dakota	(605) 362-2760
Tennessee	(615) 532-5166
Texas RN	(512) 305-7400
Texas PN	(512) 305-8100
Utah	(801) 530-6628
Vermont	(802) 828-2396
Virginia	(804) 662-9909
Washington RN	(360) 236-4713
Washington PN	(360) 236-4713
West Virginia RN	(304) 558-3596
West Virginia PN	(360) 558-3572
Wyoming	(307) 777-7601

## Outside Continental USA

American Samoa	(684) 633-1222-206
Guam 011	(671) 475-0251
N. Mariana Island	01-670-234-8950 through 8954
Puerto Rico	(787) 725-8161
Virgin Island	(340) 776-7397

If you are from a compact state you will need to download a NURSIS Verification Form (<https://www.nursis.com>)